

· 经验交流 ·

南通蛇药片治疗散发性脑炎 5 例报告

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本院神经科从 1982 年以来, 采用中成药“南通蛇药片”(又名“季德胜蛇药片”)治疗 5 例散发性脑炎, 取得显著疗效, 报告如下:

例 1 女, 17 岁。患者因急性起病, 呆滞、少语、饮食无常、生活懒散 1 个月而入院。患者于入院前 40 天开始感冒, 鼻塞、流涕、发热。未治, 10 天后出现精神失常。表现呆滞少语、饮食不知饥饱、不识家人、分不清时间早晚, 继而终日卧床不起, 二便遗床。无头痛、呕吐及抽搐。既往体健, 个人史无特殊, 家族中无精神病患者。检查: $T39^{\circ}\text{C}$ (肛)。呆滞少语, 反应迟纯, 表情茫然, 定向力丧失, 双手无目的摸索。内科检查无异常。神经系统检查: 四肢腱反射亢进, 两下肢 Babinski、Gordon 阳性, 皮层性共济失调。余无明显异常。脑脊液检查: 细胞 $48/\text{mm}^3$, 蛋白质、糖及氯化物正常。脑电图示中度异常: 各导联各部有 $4\sim 7\text{C/S}$ 中幅 θ 波中程发放, 以额部明显, 左右半球对称, 背景活动为 $11\sim 12\text{C/S}$ 中幅 α 波。胸透及血、尿、便常规正常。诊断散发性脑炎。治疗: 南通蛇药片口服, 每次 10 片, 每日 3 次; 维生素 B_1 、 B_6 、 B_{12} 常规剂量; 又因患者入院时发热, 饮食量不足, 故曾给青霉素肌注及适量静脉补液。上述治疗 1 天后热退; 3 天后意识转清楚, 能从床上坐起; 5 天后精神正常, 接触良好; 7 天后下床活动如常, 神经系统阳性体征消失, 复查脑电图明显好转, 病理波减少。脑脊液复查: 细胞 $2/\text{mm}^3$, 蛋白 $22.5\text{mg}\%$, 潘氏试验阴性, 糖 $38.4\text{mg}\%$, 氯化物 $730\text{mg}\%$ 。住院 2 周, 临床痊愈出院。出院后停药, 随访 10 个月无复发, 从事一般劳动。

例 2 男, 22 岁。患者于入院前 34 天开始发热, 咳嗽。5 天后热退, 但神志渐不清。二便失禁, 胡言乱语, 口角斜歪, 饮食需人督促, 食欲差。曾在外院诊断“精神分裂症”用抗精神病药物治疗无效而转入本院。既往史、个人史及家族史无特殊。检查: 体温、脉搏、呼吸及血压均正常。呆滞不语, 问话不答, 接触差, 检查不合作, 拒药拒食, 大小便失禁。内科检查无异常。神经系统检查: 右侧中枢性面、舌瘫, 右侧掌颏反射 ++、左侧掌颏反射 +, 四肢肌张力痉挛

性增强, 腱反射活跃, 右侧腹壁反射减弱, 右 Hoffman、右 Gordon、右 Babinski 阳性。眼底无异常。颈软, 脑膜刺激征阴性。胸透、大小便常规, X 线头颅片、肝功能均正常。白细胞总数 $12,700$, 中性 78% 、淋巴 22% 。脑脊液检查: 蛋白 $45.6\text{mg}\%$, 潘氏试验阳性, 细胞 $0/\text{mm}^3$, 糖及氯化物正常。脑电图示中度异常: 各导联各部均有 $3\sim 6\text{C/S}$ 中幅 δ 波、 θ 波中程发放, 左右半球对称, 以顶部为明显, 背景活动 $9\sim 10\text{C/S}$ 中幅 α 波。诊断散发性脑炎。治疗: 南通蛇药片口服, 每次 10 片, 每日 3 次; 长效 $B_{12}25\text{mg}$ 每日 3 次; $B_620\text{mg}$ 每日 3 次; $B_{12}0.1\text{mg}$ 肌注每日 1 次。另因入院时血白细胞增高, 故用青霉素肌注。入院初患者拒药拒食而给予鼻饲及静脉补液, 药物由鼻饲灌入。治疗 4 天后病情渐见好转, 能主动进食, 但夜眠差, 故给予小剂量镇静催眠剂。6 天后病情明显好转, 神志转清楚, 对发病经过不能回忆, 大小便及饮食自理。10 天后精神正常, 接触良好, 外出活动如常, 神经系统异常体征消失, 复查脑电图明显好转, 病理波消失, 脑脊液复查恢复正常。治疗过程中无药物副反应, 血、尿常规及肝功能、心电图检查均正常。住院 35 天, 临床痊愈出院。出院后停药, 随访半年余未复发, 从事一般劳动。

例 3 男, 28 岁。患者急性起病, 两眼视物模糊, 左侧肢体乏力、麻木, 走路不稳, 说话不利, 吞咽困难 20 多天而入院。发病以来无头痛、呕吐、抽搐、高热。既往史、个人史及家族史无特殊。检查: 体温、脉搏、呼吸及血压均正常。神志清楚, 精神正常。内科检查无异常。神经系统检查: 双眼上睑下垂, 眼球运动障碍, 复视, 眼球震颤 II° , 咽反射迟纯, 说话不利, 吞咽缓慢, 左侧上下肢肌力 4 级, 左侧 Babinski、Chadok 阳性, 左半身深浅感觉障碍, 左侧肢体深感觉性共济失调。余无明显异常发现。血、尿、便常规, 胸透, 肝功能, 心电图, 脑脊液检查均正常。脑电图示中度异常: 基本节律变慢, 枕部以 $8\sim 8.5\text{C/S}$ 中~高幅 α 波占优势, 各部夹有 $3\sim 7\text{C/S}$ 中幅 δ 波、 θ 波短~中程发放, 以右半球明显。诊断散发性脑炎(脑干脑炎型)。治疗: 南通蛇药片口服, 每日

3次,每次10片;维生素B₁、B₆、B₁₂常规剂量。神经细胞活化剂(三磷酸腺苷、辅酶A及细胞色素C)静脉补液。治疗6天后病情开始好转,视物模糊改善,两眼球活动度增加,肢体肌力恢复至5级,两下肢病理反射阴性,能下床缓步行走。8天后眼球运动无障碍,视物清晰,复视消失,能阅读书报,说话流利,吞咽正常。10天后左半身深浅感觉恢复正常,下床活动自如,神经系统检查无异常体征,脑电图复查正常。用药过程中无药物副反应。尿、便常规,肝功能,心电图均正常。出院后停药,随访半年余未复发,从事一般劳动。

例4 女,29岁。患者因急性起病,发呆傻笑,右侧肢体乏力10天而入院。患者于入院前10天开始无明显原因右侧上下肢乏力、发麻,2天后说话不利,发呆、少语、傻笑,饮食不知饥饱。病前无感染发热史。既往史、个人史及家族史无特殊。检查:意识欠清,定向力差。少语、表情呆板、反应迟钝、傻笑,注意力分散。内科检查无异常。神经系统检查:两侧中枢性面瘫以右侧明显,舌活动度差,无舌肌萎缩及肌纤维颤。腭弓运动差,咽反射存在,吞咽缓慢。下颌反射亢进。右侧上下肢肌力4级,腱反射亢进,膝、踝阵挛+,两下肢Babinski、Oppenheim阳性,右下肢Gordon阳性。脑电图示局限性异常:各导联均在大脑左半球有2.5~7C/S中~高幅 δ 波、 θ 波长程发放,以左额部更明显,背景活动为9C/S α 波。脑脊液,肝功能,心电图、胸透及头颅X片均无异常。诊断散发性脑炎(局灶型)。治疗:南通蛇药片口服,每日3次,每次10片。维生素B₁、B₆、B₁₂常规用量。神经细胞活化剂(三磷酸腺苷、辅酶A、细胞色素C),鼻饲流质,适量补液。治疗3天后病情渐见好转,意识转清楚。4天后舌活动度增加。5天后舌能伸出口外,偏右,两下肢病理反射阴性。18天后精神正常,说话流利,四肢活动如常,神经系统阳性体征消失,复查脑电图恢复正常。住院32天痊愈出院。住院服药期间无药物副反应。出院后停药随访1年余未复发,从事一般劳动。

例5 男,26岁。患者于入院前10天开始头痛,发热、鼻塞流涕。未治,3天后热退,头痛依然,伴头昏、乏力、嗜睡、健忘,定向力障碍,常将上衣当成裤子穿。走路不稳,无呕吐、抽搐。既往素健,个人史及家族史无特殊。检查:内科检查无异常。嗜睡,精神萎靡不振,表情茫然不知所措,反应迟钝,注意力分散。四肢腱反射亢进,膝、踝阵挛+,两下肢Babinski阳性,两侧皮层性共济失调,指鼻试

验及跟膝胫试验阳性,两手轮复动作差。脑电图示重度异常:各导联各部均有2.5~7.5C/S高幅 δ 、 θ 波中~长程发放,左右半球对称,背景活动为8~9C/S中~高幅 α 波。脑脊液,肝功能,X线胸透及头颅摄片,血、便常规均正常。诊断散发性脑炎。治疗:南通蛇药片口服,每日3次,每次10片。维生素C、B₁、B₆、B₁₂常规剂量。头痛、睡眠障碍给予颅痛定、非那根等对症处理。治疗3天后病情显著好转,头痛头昏减轻,能独自下床活动,共济运动无明显异常。7天后精神正常,反应灵活,神经系统异常体征消失,脑电图复查转轻度异常,10天后脑电图恢复正常。住院服药期间无不良反应,心电图、肝功能、血尿便常规正常。住院30天临床痊愈出院。出院后停药随访1年余未复发,从事一般劳动。

讨 论 目前一般认为散发性脑炎的发病机制与病毒感染及变态反应有关,临床多用皮质激素治疗,效果多数良好,也有报道部分病例疗效不能肯定。皮质激素治疗有其缺点:可抑制干扰素和抗体的形成,能造成病毒继续扩散,病程延长和合并症的发生。本院1979年至1982年对本病50例用皮质激素及对症支持疗法。50例中治愈24例占48%,该24例疗效开始时间、临床治愈(指症状体征全部消失)时间、脑电图恢复时间分别为用药后10天、34天、38天。出现皮质激素副反应者:24例中出现精神兴奋、失眠、烦躁者4人;腹胀、便秘、尿滞留者3人;全身乏力、四肢骨关节酸痛者2人;向心性肥胖、皮肤痤疮者1人。出院后继续服皮质激素1个月,随访半年至1年,其中3例因症状复发而再次入院诊断脑炎复发;5例主诉头昏、乏力、失眠、体力不如病前。

本文5例入院确诊为散发性脑炎后不用皮质激素治疗,而给予南通蛇药片口服治疗。同时辅以维生素B族、神经细胞活化剂。发热、白细胞增高者给予青霉素肌注。头痛、失眠者予对症处理。5例疗效开始时间为用药后3~6天,临床治愈时间及脑电图恢复时间皆为用药后7~18天。5例全部治愈,出院时无残留症状体征。服药期未发现药物副反应,心、肝、肾功能正常。出院后停药随访半年至1年余均无复发。南通蛇药片具有清热解毒、消痈散肿、熄风定痉、活血化瘀等作用,原用于专治毒蛇、毒虫咬伤,疗效显著。作者试用于治疗散发性脑炎,欲为中西医结合治疗散发性脑炎寻找一条新的途径。本文5例治疗效果具有见效快、疗程短、效果好、无副作用、价廉、用药方便等优点。由于例数尚少,不能全面断定其确切疗效,有待积累病例加以总结、对比、分析。

Effects of Codonopsis Pilosulae-Astragalus Injection on the Cyclic Nucleotide Levels and the Phosphodiesterase Activity in Platelets

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It has been demonstrated that ADP-induced platelet aggregation in patients with coronary heart disease (CHD) was inhibited by Codonopsis Pilosulae-Astragalus Injection (CP-A), a drug of TCM for the treatment of CHD in our laboratory recently. In order to study the mechanism responsible for the effects of CP-A on platelets, the cAMP and cGMP levels in platelets in patients with CHD (N=15) were measured by radioimmunoassay method before and after a single dose of 60 ml CP-A (content of CP-A 30 gm each) intravenously, or 5% glucose 60 ml as control (N=9). The results showed that the cAMP and cGMP levels were increased by CP-A, from 20.89 ± 3.7 to 30.0 ± 3.0 PM/ 10^9 PLA ($P < 0.02$), 3.3 ± 1.0 to 5.4 ± 1.2 PM/ 10^9 PLA ($P < 0.05$). In the experiment in vitro (N=16), the cAMP and cGMP levels were also increased, but were not so in that of glucose control group. When the cAMP level in platelets is raised, many platelet functions are inhibited. The results of the present study suggest that CP-A inhibits the platelet aggregation by increasing the cAMP level in platelets. The activity of PDE in platelet was inhibited by CP-A, which is responsible for the increase of cyclic nucleotide levels.

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The Effects of *Epimedium Sagittatum* and *Cistanche Deserticola* on DNA Synthesis in "Yang-Insufficiency" Animal model Induced by Hydroxyurea

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The effects of Yang-invigorating drugs *Epimedium sagittatum* and *Cistanche deserticola* on "Yang-insufficiency" mice were studied with a new "Yang-insufficiency" animal model induced by hydroxyurea as an inhibitor of nucleotide reductase. The animal used were divided into three groups: (1) the normal control group (8 animals), (2) the "Yang-insufficiency" group (8 animals), (3) the group with "Yang-insufficiency" treated with *Epimedium sagittatum* and *Cistanche deserticola* (9 animals). The rates of DNA synthesis in the liver and spleen (cpm/mg of DNA/minute, $M \pm SE$) of the groups were found to be $11,560 \pm 1,980$, $5,600 \pm 848$ and $9,900 \pm 1,660$ respectively. This rate of the "Yang-insufficiency" group was significantly lowered ($P < 0.05$). It can be seen that *Epimedium sagittatum* and *Cistanche deserticola* can raise the rate of DNA synthesis of the "Yang-insufficiency" animals, and thus improve the conditions of the animals.

The "Yang-insufficiency" caused by hydroxyurea is believed to be due to inhibition of the activity of nucleotide reductase, which keeps four kinds of nucleotide at the diphosphate level, unable to be reduced to DNA, and thus leads to the reduction of DNA synthesis, bringing on disturbance in metabolism of protein and fat and symptoms of "Yang-insufficiency". *Epimedium sagittatum* and *Cistanche deserticola* might contain certain biotical active agent, which could activate nucleotide reductase, counteract the inhibiting hydroxyurea and keep normal metabolism of DNA in the body.

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Five Cases of Sporadic Encephalitis Treated with Nantong Snake-Root Tablets

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The incidence of sporadic encephalitis in China has been rather high. It is usually treated with cortical hormone. This paper reports for the first time cases of sporadic encephalitis treated with Nantong Snake-Root Tablets, which are prepared by Ji Desheng, China's snake-bite doctor and expert, according to his secret prescription. All the cases were cured. The tablets began to work 3 to 6 days after administration. The patients were clinically healed 7 to 18 days after taking the medicine. Normal EEG was restored 7 to 14 days after medication. In all the five cases the tablets were administered orally, three times a day, ten tablets each time. No side-effects or remaining symptoms or signs were found when the patients were discharged from the hospital.

Compared with a group of fifty cases of the same disease treated with cortical hormone and symptomatic and palliative treatment, the cases treated with Nantong Snake-Root Tablets showed better results, with quicker and better effect, shorter course of treatment, no side-effects, less expenses and more convenience in remedy administration. As a new method to treat sporadic encephalitis, it serves a good example to integrate traditional Chinese and western medicine.

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