

辛夷注射液下鼻甲粘膜下注射治疗过敏性鼻炎

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内容提要 本文采用蒸馏法将辛夷的挥发成分制成30%辛夷注射液，主治过敏性鼻炎，用药途径是下鼻甲粘膜下注射。两年共治疗患者202人，临床有效率98.1%，暂时治愈率73.3%。鼻腔分泌物涂片镜检，嗜酸性白细胞明显减少或消失，说明本剂能抑制过敏反应。除过敏性鼻炎外，也可用于鼻腔多种慢性炎症性疾病。

辛夷，性辛温，散风寒，通鼻窍，中医用以做为治疗鼻病的主药。我们在用它治疗过敏性鼻炎的过程中发现，有的病人不仅服之有效，且在煎药时嗅到气味便生效。这启发我们，辛夷的有效成分包含在挥发成分中，于是开始试制辛夷蒸馏液。自1969年用以滴鼻，效果满意。1978年1月制成注射液，经试验于同年2月用于临床，到1980年2月共治疗病人202例，效果比较好。

临床资料

一、病例选择：本组病例以过敏性鼻炎为主，诊断主要依据过敏性鼻炎的典型症状及体征，其中10例做了鼻腔分泌物嗜伊红细胞检查。由于此病的诊断尚无客观标准，我们做的实验又太少，所以本组病例中可能包括了一些血管舒缩性鼻炎或鼻刺激症候群、药物性鼻炎、慢性单纯性鼻炎、早期肥厚性鼻炎，但不论以上那种鼻炎，用本制剂均有效。

二、药物制做及用法：将辛夷剪碎，浸泡12~24小时，蒸馏30g辛夷制取100ml蒸馏液，再按注射液制备程序制做分装，每安瓿2ml，称之为30%辛夷注射液。

用法：以1%狄卡因麻黄素棉片麻醉收敛双侧下鼻甲前端3~5分钟。取辛夷注射液2ml，每侧下鼻甲前端粘膜下各注入1ml，放入棉球

压迫，半小时后取出。隔日一次，10次为一个疗程。

三、疗效：本组暂时治愈148例，占73.3%（患者阵发性鼻内作痒、打喷嚏、流清水样鼻涕、鼻腔堵塞症状全部消失，肿大的鼻甲恢复正常，其色质及湿度也恢复正常）。好转50例，占24.8%（患者症状减轻，肿大的鼻甲变小，其粘膜色质好转，湿度接近正常）。无效4例，占1.9%（症状体征均无改善）。

对部分病人进行随访，有的复发，但症状几乎都减轻，再用本剂治疗仍有效。有的一年多来一直很好。故本疗法和其他疗法一样，只能评价为暂时治愈，部分病人仍可能复发。

为了说明其疗效，我们对治疗前做了鼻腔分泌物嗜伊红细胞检查的10例病人，用药后进行详细观察。疗程中嗜伊红细胞趋向减少，疗程结束后，大多数病人不再查到。这说明辛夷确能使变态反应性降低，因而可以说对过敏性鼻炎有肯定的疗效。

治疗中发现，伴有慢性咽炎者，亦随之好转或治愈。这可能是鼻腔功能的改善，使分泌物减少之故。另有3例伴有支气管哮喘，也获得暂时治愈之功。

讨 论

一、有效成分问题，辛夷有效成分有两

类，一类为非挥发性成分，一类为挥发性成分，即挥发油。根据我们的推理是以蒸馏法取其后者。挥发油中有柠檬醛、桂皮醛、丁香油酚、1-8 桉叶素及对烯丙基甲醚等。我们未做化学提纯进行有效成分研究，到底哪种成分起作用尚不清楚，制做过程中如何保留其有效成分也有待研究。

二、剂量与疗程：辛夷毒性很小，据测定腹腔注射大白鼠，半数致死量为 $22.5 \pm 0.96\text{g/kg}$ ，小兔为 $19.9 \pm 0.25\text{g/kg}$ 。我们的用量是极小的，故安全性很大。

近 90% 的病人在注射 1~3 次显效，10 次以前治愈，约 10% 稍多的病人需要 10 次以上或再行第二个疗程。所以我们认为 10 次为一个疗程较为合适，一般待症状消失后再巩固 3 次为妥。为减轻开始注射引起的刺激症状，也可以 0.2~0.5ml 小剂量开始，逐渐加至常用量。间隔时间也可以适当延长。

三、副作用：半数以上的病人，前几次注射后数小时到半天内，感觉鼻内发胀，打喷嚏，流清水样鼻涕反而加重，过后便感觉有效。3~5 次后这种现象消失。

另外，2 年中曾遇到 1 例（不在 202 例中）注射后立即头晕、恶心、全身出汗，稍感气急，脉搏增快，休息片刻即好转。我们认为过敏，为立即反应型。遇此情况，不用为宜。

四、疗效机理：据中药药理研究，认为辛夷挥发油具有使鼻粘膜血管收缩作用，也有人认为有局部麻醉作用。我们认为不完全这样，因为半数以上的患者，前几次注射后的短时间内，症状反而加重。这显然不能以粘膜血管收缩作用和局部麻醉作用来解释。为了探讨其疗效机理，对做过鼻腔分泌物嗜伊红细胞检查的 10 例病人，也做了免疫球蛋白 IgG、IgM、IgA 的测定。因例数太少，不宜做客观分析。其中有一例变化比较明显，该病人患典型过敏性鼻炎 10 年，伴严重支气管哮喘 1 年，两者同属于变态反应性疾病，用本剂治疗一次，鼻部症状和哮喘即减轻，第 9 次鼻部症状消失，哮喘基本不再发作。其免疫球蛋白 IgG 由 1,590mg% 降至 960mg%，IgA 由 244mg% 降至 128mg%，IgM 由 157.5mg% 降至 90.3mg%。治疗后免疫球蛋白降低，提示本剂可能是通过抑制变态反应而起治疗作用，疗效机理有待进一步研究。

中西医结合治愈化学灼伤性口腔溃疡 1 例报告

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陈 ×，男，4 岁。1983 年 3 月 21 日误服高锰酸钾粉末，随即满口焦黑，被人发现后用清水，硫代硫酸钠（大苏打）溶液冲洗，其口唇肿胀严重。入院后经用 Vc 溶液 2ml × 15 支冲洗中和，灼伤处焦黑色渐退，但口唇、舌尖肿胀，舌下粘膜、唇内粘膜均严重溃疡，妨碍语言，不能进食。后输 5% 葡萄糖溶液加 Vc、VB₆ 等，灌服鲜牛奶保护胃粘膜，注射青霉素以抗感染。经过一周治疗，口唇肿胀基本消失，能进半流食，但进食时唇内和舌下溃疡处疼痛剧烈、哭闹。3 月 29 日邀口腔科配合治疗，拟用紫药水外涂，冰硼散局部外用。又经一周，溃疡处假膜仍不消失，

溃斑缩小不著，伤处尚未愈合。4 月 6 日中医诊见患儿口腔溃疡 4 处，分布在唇内、舌下两侧。遂停涂紫药水，以“胜金散”（参三七末）与冰硼散等分和匀，吹患处，每日 4 次。经治疗 2 日，痛止，假膜去，新肉生，4 日皮损复原，饮食正常而出院。八个月后随访，原患处正常。

体会：化学灼伤性口腔溃疡，其病因属中医的不内外因。其特点是化学药品灼伤之处腐肉瘀积。今用西药进行针对性处理和预防感染治疗并秉《外科证治全书》金疮条所载“胜金散”意，以参三七末祛瘀生新，止痛合伤，佐冰硼散清热解毒，协同而奏效。

The treatment of TCM was based on differentiation of symptoms and signs. The guiding principle of treatment was to invigorate functioning of the spleen and the kidney and to replenish vital energy and blood to treat deficiency of kidney-Yin and kidney-Yang. The different methods were employed to relieve interior-heat syndrome caused by deficiency of Yin, the failure of the spleen to govern blood and bleeding due to blood-heat. Cases with fever were treated by analysing and differentiating the development of a seasonal febrile disease in the light of the four stages, Wei, Qi, Ying and Xue. Different prescriptions and the drugs were used according to different parts affected and different viscera damaged. Method to promote blood circulation and remove blood stasis was employed to treat protracted cases.

The main western drugs used were testosterone propionas or nandroloni phenylpropions or slanazolod or strychninum nitrate. In the treatment of aplastic anemia, it is shown in this paper that better results were obtained in cases with deficiency of kidney-Yang than in those with deficiency of kidney-Yin and in the secondary cases than in idiopathic cases ($P < 0.02$). (Original article on page 720)

Observation on Renal Disease and Function of the Spleen and Stomach

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In the light of TCM theory that the kidney and the spleen and stomach are closely related and dysfunction of the spleen and stomach might occur in case of renal disease, we observed 45 patients with renal disease of various etiology, patients with chronic renal disease and chronic renal insufficiency, according to their tongue coat and pulse condition, were diagnosed and classified into 3 types: deficiency of the spleen-energy (or Yang), deficiency of energy of the spleen and kidney, or deficiency of both energy and Yin in the spleen and kidney. They were all shown with vital energy undermined yet pathogenic factors prevailing, occasionally accompanied with damp-heat or blood stagnancy. However, their cases could be improved through treatment with Chinese drugs to coordinate the functions of spleen and stomach, to clear up damp-heat, to activate blood circulation and eliminate blood stasis, etc. Cases with chronic renal insufficiency could be improved temporarily by purging off internal heat with purgatives. These cases would be significantly improved and the life of the patients could be preserved longer by hemodialysis. It was suggested that differentiation of symptom-complexes in TCM was helpful to the study of intrinsic changes of renal disease and mechanism of the resultant gastrointestinal symptoms, which might be related to hypoalbuminemia, uremic toxin and hypergastrinemia. (Original article on page 722)

Endoscopical Studies of Chronic Atrophic Gastritis Before and After Medical Treatment

— A Report of 60 Cases

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32 out of 60 cases of chronic atrophic gastritis were treated with traditional Chinese medicine, 18 cases with ordinary drugs and 10 cases with monkey-head-shaped mushroom (猴头菌). Traditional Chinese medicines were used according to the symptoms and signs of the patients. The course of treatment was about 3 months. Fairly good results were obtained in the group treated with ordinary or traditional Chinese drugs. About 62.5% of the cases with chronic atrophic gastritis returned to chronic superficial gastritis after treatment with traditional Chinese drugs. 12.5% of the cases in this group showing some improvement in fiber-gastrosopic and pathological findings. The number of patients with gastric mucous membrane thinner than normal in our group reduced from 24 to 14 after treatment. The number of cases with dendroid blood vessels and bluish veins seen in gastric mucous membrane in this group reduced from 28 to 17. The number of cases with atrophic granular tissue in gastric mucous membrane reduced from 28 to 15. (Original article on page 724)

Treating Allergic Rhinitis by Injecting Maglolia Liliflora Desr Injection into the Hypomucosa of Inferior Turbinate

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30% solution of maglolia liliflora Desr was injected into the nose hypomucosa with a dosage of 1 ml for each side, once every other day. The duration of treatment was 10 days. It is chiefly used to treat allergic rhinitis. It shows efficacy too in treating vasomotor rhinitis, medicine rhinitis, stimulative syndromes of the nose, chronic simple rhinitis, and mild hypertrophic rhinitis.

We treated 202 patients with this injection from February 1978 to February 1980. The number of tentative healed patients was 148 (73.3%). The number of patients who had taken a turn for better was 50 (24.8%). It showed no effects in 4 patients (1.9%). We followed up some of the patients and found that some had been quite well for more than one year and some had a relapse, but with symptoms not so severe as before. Laboratory tests showed that eosinocytes in nasal discharge of patients treated with this injection reduced or disappeared. This shows that this injection can certainly reduce allergy. So the efficacy of this injection in treating allergic rhinitis is further confirmed. Whether the mechanism is inhibition of immunity awaits further study. (Original article on page 728)