

中药降脂灵治疗高脂血症 100 例临床观察

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内容提要 本文报道应用降脂灵冲剂治疗高脂血症 100 例,并与烟酸肌醇酯组 26 例及脉通丸组 30 例对照观察。结果:降脂灵对各种高脂血症均有显著疗效 ($P < 0.001$); 各组治疗后降血脂有效例数以降脂灵为最多 ($P < 0.05$)。本文从中医学角度探讨高脂血症的发病机制,讨论中药降脂灵的药化分析及降血脂机理。

我们从 1982 年起用茵陈黄疸丸(上海第三制药厂生产)加减制成降脂灵冲剂,治疗高脂血症 100 例,并设烟酸肌醇酯组、脉通丸组作对照,现将三组治疗前后血脂改变结果分析如下。

一 般 资 料

病例选择: 各组病例均由冠心病门诊及住院患者中选择。诊断标准:按我院血脂正常值上界为血清胆固醇(氯化高铁沉淀法) $< 200\text{mg}\%$, β -胆固醇 $< 100\text{mg}\%$, β -脂蛋白 $< 300\text{mg}\%$ (肝素-氯化锰沉淀法),甘油三酯(变色酸显色法) $< 100\text{mg}\%$, 凡四项中任何一项或一项以上超过正常值上界 10% 以上者为高脂血症。

一般情况: 降脂灵组 100 例,男 60 例,女 40 例;平均年龄 50.9 岁。烟酸肌醇酯组 26 例,男 21 例,女 5 例;平均年龄 51.9 岁。脉通丸组 30 例,男 20 例,女 10 例;平均年龄 52.27 岁。三个治疗组年龄相差不到 2 岁。降脂灵组高脂血症伴高血压病 30 例,冠心病 45 例,脑血栓形成 6 例,病毒性心肌炎 1 例,单纯高脂血症 18 例;烟酸肌醇酯组伴高血压病 9 例,冠心病 13 例,脑血栓形成 2 例,植物神经失调 2 例;脉通丸组伴高血压病 5 例,冠心病 23 例,脑血栓形成 1 例,植物神经失调 1 例。三个治疗组中均以高脂血症伴冠心病为多(占 45~76.7%),高血压病次之(占 30~34.6%)。

治 疗 方 法

各组病例在治疗前均作空腹血脂化验,确诊高脂血症者,服本院自制的降脂灵冲剂(茵陈、黑山栀、苍术、黄柏等药喷雾干燥制成冲剂),每次 2.5g,每日三次口服;对照组:烟酸肌醇酯每次 0.4g,每日三次口服;脉通每次 1 粒,每日三次口服,疗程均为一个月。治疗后查血脂自身对照。

治 疗 结 果

一、治疗组与对照组降脂疗效比较,见附表。降脂灵与烟酸肌醇酯、脉通二对照组的疗效比较,经统计学处理,降脂灵对各类血脂的降脂疗效非常显著, P 值均 < 0.001 ; 烟酸肌醇酯对胆固醇及三酸甘油酯的疗效不明显, P 值均 > 0.5 , 而对 β -胆固醇及 β -脂蛋白的疗效明显,经统计学处理有非常显著差异, $P < 0.025$, 但仍不及降脂灵;而脉通的降脂作用不及降脂灵,也不如烟酸肌醇酯。

二、治疗组与对照组治疗后血脂的升降变化。各组治疗后血清脂类升降变化分析,升高胆固醇血症的有效例数以降脂灵为最多(占 66%),脉通及烟酸肌醇酯较差(各占 33.3%及 30.8%),经统计学处理有显著差异, P 值均 < 0.025 ; 降 β -脂蛋白的有效例数以降脂灵为最多(占 68%),烟酸肌醇酯次之(占 57.7%),脉通较差(占 50%),降脂灵降 β -脂蛋白优于脉通, $P < 0.05$; 升高甘油三酯血症的有效

附表 降脂灵、烟酸肌醇酯、脉通降脂疗效比较

		胆 固 醇		β -胆 固 醇		β -脂 蛋 白		三 酸 甘 油 酯	
		均值 (mg%)	P	均值 (mg%)	P	均值 (mg%)	P	均值 (mg%)	P
降脂灵组	治疗前	249.63±49.21	<0.001	140.34±33.46	<0.001	351.09±97.94	<0.001	194.14±75.25	<0.001
	治疗后	202.54±40.54		112.52±34.04		283.13±89.81		149.85±50.04	
烟酸肌醇酯组	治疗前	220.12±42.13	>0.5	146.69±48.74	<0.025	376.77±116.88	<0.025	161.42±71.53	>0.5
	治疗后	213.38±39.64		119.62±42.42		317.88±108.6		169.85±45.41	
脉通组	治疗前	228.70±44.94	<0.4	129.77±67.62	<0.2	318.87±107.23	>0.2	163.90±53.26	<0.2
	治疗后	218.47±41.83		110.6±38.59		289.10±102.03		147.10±66.94	

例数也以降脂灵为最多(占74%),脉通次之(占56.7%),烟酸肌醇酯较差(占38.5%),降甘油三酯降脂灵优于烟酸肌醇酯 $P<0.025$,由此可见降脂灵降脂疗效更佳。

讨 论

高脂血症一般属于中医的“痰浊”范畴,中医学认为其机制主要是因饮食不节,过食肥甘,损伤脾胃,同时肝胆疏泄功能不畅达,不能泌输精汁而引起脾之消谷运化功能失调,转化为痰浊。由于痰浊内滞、浸淫脉管、血行受阻而诱发胸痹心痛、晕厥等疾病。这和现代医学认为脂质代谢、糖代谢紊乱是缺血性心脏病发病因素是相似的。我们在临床上根据这一原理,对高脂血症采取了补益肝肾、健脾消食、清热利胆、燥湿化痰之法,选用了降脂灵治疗高脂血症获得满意的降脂疗效。中药降脂灵是复方制剂,药化分析,本品中含有茵陈二炔酮、梔子素、D-甘露醇、香豆素、小蘗碱、黄柏酮、苍术醇、丙种维生素、蛋白分解酶、山楂

酸、柠檬酸、补骨脂素、补骨脂乙素、大黄泻素、大黄酸、脂肪分解酶、亚油酸、卵磷脂等多种成份^(2~3)。这些化学成份具有促进脂肪代谢和肝细胞再生,改善肝脏功能,降低血脂防治动脉粥样硬化等作用。

从本组治疗结果表明,中药降脂灵对各类高脂血症均有非常显著的降脂作用,本药价廉、安全、副作用小,疗效优于烟酸肌醇酯及脉通丸,值得推广应用。

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中国中西医结合研究会青岛分会成立暨首届学术会议简讯

青岛市中西医结合研究会成立暨首次学术会议于1985年9月27日在青岛召开。来自本市各有关单位的代表92人参加了大会。青岛市人大常委会副主任王训颖、山东省卫生厅中医处、市科协、市卫生局等部门领导同志到会并讲话。省、市各学会负责同志到会祝贺。大会期间北京总会发来贺电。

大会共收到论文32篇,其中8篇作大会交流发言。这次大会开的活泼、紧凑,会期一天。会上选举产生19名理事,殷树萍任会长,理事会对今后研究会的学术活动及会务工作进行了研究和安排。

(王正铸)

Decoction (小青龙汤) in 3 batches as control. The results showed that the marked effective rates were 63.4 ~ 75.0% in the groups of WYT, significantly higher than 18.5 ~ 22.2% in the control ($P < 0.01$). The immune study showed that the seasonal increase of serum IgE could be suppressed and the Con A-induced T suppressor (Ts) function enhanced by the treatment of WYT. Ts function and serum IgE were measured simultaneously. The results showed that the difference of IgE between pre- and post-treatment was significantly negative correlated with that of Ts suppressive percentage in the patients treated with WYT ($r = -0.440$, $P < 0.05$), while the correlation coefficient of the difference in the controls had no significance. It indicated that WYT influenced the seasonal attack of the asthmatics probably by effecting the immune regulating system and improving the Ts function.

(Original article on page 17)

Clinical Observation of 100 Patients with Hyperlipoidemia Treated with the Traditional Drug Jiangzhilin (降脂灵)

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One hundred patients with hyperlipoidemia were treated with the traditional Chinese drug Jiangzhilin granule. Its effect was compared with 26 patients treated with inositol nicotinate tablets and 30 patients treated with Maitong pills. Jiangzhilin granule was made from *Herba Artemisiae*, black *Gardenia jasminoides*, *Psoralea corylifolia*, *Phellodendron amuranse*, etc., and was administered 2.5g thrice daily, the treating course was one month. The patients' blood lipids were examined and compared before and after treatment.

The result shows: (1) Jiangzhilin has significant effect in lowering the increase in blood cholesterol, β -cholesterol, β -lipoprotein and triglyceride ($P < 0.001$), while inositol nicotinate is also effective on β -cholesterol and β -lipoprotein ($P < 0.05$), but it is not so good as Jiangzhilin, and Maitong has the poorest effect on blood lipids. (2) The lowering of these three lipids is most potent in Jiangzhilin group (66 ~ 74%), and less effective in the other two groups (38.8 ~ 57.7%), with significant difference between them ($P < 0.05$).

Hyperlipoidemia may be interpreted as the stagnation of Phlegm in the traditional Chinese medicine. Its treatment should replenish the Liver and Kidney, invigorate the Spleen and relieve the dyspepsia, clear away Heat and promote choleresis, deprive the Dampness and eliminate Phlegm. Based on these principles, Jiangzhilin was formulated. It contains *Herba Artemisiae* dialkynone, gardenin, pinnatifidic acid, lipolytic ferment, linoleic acid, etc. They all exert favourable effect for lowering blood lipids, and it is cheap in price, with negligible side-effect. It deserves spread for extensive application.

(Original article on page 21)

A Comparative Study on Treating Infantile Hepatitis Syndrome with TCM-WM Combined and TCM Exclusively

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This article presents a comparative study on the results of 50 cases with infantile hepatitis syndrome treated with TCM-WM combined and TCM exclusively. Twenty-seven cases were treated with traditional Chinese medicine and prednisone, 23 cases with Chinese medicine alone. The two groups were mostly similar in age, course, symptom, degree of jaundice, serum bilirubin, hepatosplenomegaly and differential diagnosis of symptom-complexes according to TCM. The dosage of prednisone was 1 ~ 1.5mg/kg; the Chinese medicine was the drugs prescribed for eliminating heat and dampness. Their average courses of the treatment were 3.5 weeks and 6.5 weeks respectively. It turned out that the time for disappearance of sclera jaundice in the group treated with TCM-WM combined was 28.1 ± 8 days, while that of the group treated with Chinese medicine alone was 34.1 ± 13.2 days ($P < 0.05$); The time taken for disappearance of skin jaundice in the two groups was 25.9 ± 7.5 days and 32.8 ± 10 days ($P < 0.01$) respectively. There was no apparent difference in the length of course of treatment between the two groups. The results suggest that cases of infantile hepatitis syndrome with mild jaundice be treated with Chinese medicine alone, while cases of moderate or severe jaundice be treated with TCM-WM.

(Original article on page 23)

Children's Idiopathic Thrombocytopenic Purpura Treated with TCM-WM Combined

— A Clinical Analysis of 50 Cases

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Fifty cases of children's idiopathic thrombocytopenic purpura were observed from 1975 ~ 1984. They were divided into two groups. Group I: 15 cases treated with Chinese herbs alone. Their mean treatment course was 75.5 days. According to Chinese traditional diagnosis, the patients were divided into three types and treated differently, with Chinese herbs to stop bleeding, to promote blood circulation, and to invigorate the kidney respectively.